Division of Children and Family Services CFS-2185 (Rev. 11/2005)

ELECTRONIC DEPOSIT AUTHORIZATION FOR PROVIDER PAYMENT

Use of form: Completion of this form is voluntary; however, the information requested must be provided if you want to authorize the Division to deposit checks for foster care or kinship care electronically into your checking or savings account. Your Social Security Number will be used for accurate identification purposes only.

Instructions: Sign and date the completed form. Enter Section II. (See page 2 for an example.) Attach a void	led check or a de	eposit slip from your checkbo	and account number where indicated in ok if it has both the bank routing number		
and the account number. Send the completed form to	the appropriate a	agency listed on page 2.			
☐ New Request ☐ Bank / Account Chan	ge Request				
I PROVIDER INFORMATION					
Name – Parent 1 (Last, First, MI)			Social Security Number		
Name – Parent 2 (Last, First, MI)			Social Security Number		
Address (Street, City, State, Zip Code)			Telephone Number – Home		
II BANK ACCOUNT INFORMATION					
Name – Financial Institution	Address – Fina	ancial Institution			
Routing Number (ABA Transit Number)		Depositor Account Number			
Name – Account Holder (Print or Type)		Name – Person Completing Form (if other than account holder)			
SIGNATURE – Account Holder		<u> </u>	Date Signed		
III AUTHORIZATION					
I authorize the State of Wisconsin to electronical institution listed above. If funds to which I am no initiate a correcting (debit) entry to the same acc directly with the depositing financial institution. This authority is to remain in full force and effect designated depository in such time and in such react. I understand that the authorization may be institutions, I understand that for two (2) check perinancial institution have a reasonable opportunity.	on entitled are decount to correct until the State manner as to a rejected or discomptly completeriods I will reco	eposited in my account, I problems or errors. The state and the deposition and the deposi	authorize the State of Wisconsin to State is also authorized to verify data cation from me to change the cository a reasonable opportunity to Visconsin at any time.		
SEE SAMPLE DEPOSIT SLIP AND INSTRUCTIONS ON REVERSE SIDE					
SIGNATURE – Parent 1			Date Signed		
SIGNATURE – Parent 2			Date Signed		

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SAMPLE DEPOSIT SLIP

DEPOSIT TICKET

Mr. or Mrs. State Provider 4321 State Capitol Drive Badger Prairie, WI 53682

DATE	20	
DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE V	VITHDR	RAWAL

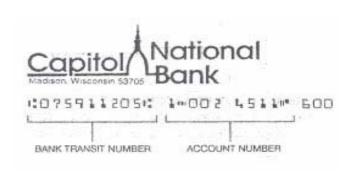
CASH	CURRENCY	
	COIN	
LIST CHECKS ONLY		
TOTAL FROM OTHER SIDE		
т	OTAL	
LESS CASH RECEIVED		
NET DEPC	SIT	



79-11120 ₄ 759

USE OTHER SIDE FOR ADDITIONAL LISTING

BE SURE EACH ITEM IS PROPERLY ENDORSED



Distribution: Milwaukee

Kinship Care Perez-Peña, Ltd. 126 S. 2nd St. Milwaukee, WI 53204

Foster Care LSS First Choice for Children 647 W. Virginia St., Suite 300 Milwaukee, WI 53204